1030596780

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2011 APR -8 PM 2: 17 FEC MAIL CENTER

		_		Office Use Only
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
P _i r _i i _v ate Eq	u i t	y G r o w t	h, Capital	$c_{ 0 }u_{ n }c_{ i }l_{ i }$
P, 0, 1, i, t, i, c, a, 1,	Act	i o n C o m	m, i, t, t, e, e, , (, P, E,	G, C, C, -, P, A, C,),
ADDRESS (number and street)	9 5	0 F S t r	eet,,NW	
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	Wa	s h i n g t o	n, , , , , , , , , , , , , , , , , , ,	D _C 2 ₁ 0 ₁ 0 ₁ 0 ₁ 4 -
			CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address	PE	G C C - P A C	C @ P E G C C . O R G	
is changed)	ــــا			
COMMITTEE'S WEB PAGE ADDRESS (URL)				
(Check if address	w w	W . P E G C C	o r g	
is changed)	L			
2. DATE 0 3 3 1 2 0 1 1				
3. FEC IDENTIFICATION NUMBER				
4. IS THIS STATEMENT	✓ NE	W (N) OR	AMENDED (A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer John Steven Judge				
Signature of Treasurer	95	tererful	Sc	Date 04 07 2011
NOTE: Submission of false, erreneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	